

# BC Certified Organic Program Kootenay Organic Growers Society

## Organic Livestock Management Plan and Inspection Report →Confidential when completed←

This form is to be used for **initial** applications for certification of organic livestock farms (excepting poultry, which has a separate form). All livestock applications must also include an Organic Crop Farm Plan. This form should be completed on a computer, or with an ink pen. It is your responsibility to keep a copy of this completed form. Refer to the Livestock Application Guide for instruction. If you run out of room, use the space at the bottom of the form.

### Section A General Livestock Information

|  |                           |   |                     |          |
|--|---------------------------|---|---------------------|----------|
| 1. Name of applicant:  |                           |   | 2. Date: yyyy/mm/dd |          |
| 3. Farm name:  |                           | Office use                                    |                     |          |
| 4. Manager name, telephone and email address (if different from applicant):  |                           | File #:                                       |                     |          |
| 5. How many years have you raised livestock?   |                           | Date received:                                |                     |          |
| 6. How many years have you raised livestock under organic management?  |                           | Date reviewed:                                |                     |          |
|  |                           | Reviewed by:                                  |                     |          |
|  |                           | VO only:                                      |                     |          |
|  |                           | Name of VO:                                   |                     |          |
|  |                           | Inspection date:                              |                     |          |
|  |                           | Time arrived:                                 |                     |          |
|  |                           | Time departed:                                |                     |          |
| 7. Do you own and understand the current version of the COABC Organic Management Standards? Yes <input type="checkbox"/> No <input type="checkbox"/> |                           |   |                     | VO only: |
| 8. Animals requested for certification - Include all animals excepting poultry.  |                           |   |                     |          |
| Species and breed  | Number of animals on farm | Age and Date brought under organic management | Source of stock     |          |
|  |                           |   |                     |          |
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| <p>9. Do you plan to purchase livestock? Yes <input type="checkbox"/> No <input type="checkbox"/><br/>If yes, from where?</p> <p>Is the source certified organic? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>   |  |
| <p>10. What organic livestock products do you plan to sell in the next 12 months? N/A <input type="checkbox"/></p>  |  |
| <p>11. Do you plan to sell live organic animals? Yes <input type="checkbox"/> No <input type="checkbox"/><br/>If yes, specify:</p>  |  |
| <p>12. How will you sell your livestock or livestock products? Dairy processor <input type="checkbox"/><br/>Meat distributor <input type="checkbox"/> Animal auction <input type="checkbox"/> Slaughterhouse/distributor <input type="checkbox"/><br/>Direct sale (butchered animals) <input type="checkbox"/> Direct sale (live animals) <input type="checkbox"/> Farmers' Market <input type="checkbox"/><br/>Other:</p>  |  |
| <p>13. Are parts of your operation non-organic (not in the certification program) Yes <input type="checkbox"/> No <input type="checkbox"/><br/>If yes, for your own consumption i.e. small flock of chickens? Yes <input type="checkbox"/> No <input type="checkbox"/><br/>If yes, please specify type and amount:</p> <p>Are you producing any non-organic livestock for sale? Yes <input type="checkbox"/> No <input type="checkbox"/><br/>If yes, request, complete and submit a Split Operation Form from your CB</p> |  |
| <p>14. How do you identify your animals? Ear tag <input type="checkbox"/> Freeze brand <input type="checkbox"/> Hot brand <input type="checkbox"/><br/>Tattoo <input type="checkbox"/><br/>Other:</p>   |  |
| <p>15. How do you permanently identify non-organic animals from organic animals within your herd?<br/>Ear-tags + records <input type="checkbox"/> No ear-tag = non-organic <input type="checkbox"/> Branding + records <input type="checkbox"/> Brisket tag <input type="checkbox"/><br/>Other:</p>   |  |
| <p>16. Production Cycle - Briefly describe your livestock management system through one full production cycle (breeding to birth to slaughter or sale) for every species of animal you plan to sell as certified organic.</p>   |  |

## Section B Farm/Ranch Design

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| 17. Attach detailed diagrams - these are required: |  |
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|--|---|-----------------------------|--|
| <p>24. Do you use a cleaner/sanitiser? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, specify: Water, power-washer <input type="checkbox"/> Chlorine bleach* <input type="checkbox"/> Hydrated lime* <input type="checkbox"/></p> <p>Agricultural lime <input type="checkbox"/> Hydrogen peroxide <input type="checkbox"/> Soap* <input type="checkbox"/> Iodine <input type="checkbox"/> Copper sulphate <input type="checkbox"/> Lye <input type="checkbox"/></p> <p>Other:</p> |   |                             |  |
| <p><b>FEED - COABC Section 8.1, 8.2, 8.3.</b></p>  |   |                             |  |
| <p>25. Do you plan to use pastures? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, in what months are livestock pastured?</p>   |   |                             |  |
| <p>26. Will livestock be pastured on Crown Land? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, request and complete a Crown Land History form from your CB.</p>  |   |                             |  |
| <p>27. Where will you feed your animals? Feeding paddocks <input type="checkbox"/> Hayfields <input type="checkbox"/> Corrals <input type="checkbox"/></p> <p>Barns <input type="checkbox"/> Pastures <input type="checkbox"/></p> <p>Other:</p>   |   |                             |  |
| <p>28. How do you feed? Round bale feeders <input type="checkbox"/> Troughs <input type="checkbox"/> Silage bunks/fence-line <input type="checkbox"/></p> <p>On the ground <input type="checkbox"/> On the snow <input type="checkbox"/></p> <p>Other:</p>   |   |                             |  |
| <p>29. If animals are confined for winter-feeding or other reasons, please ensure that your paddocks are the required size according to COABC Management Standards 8.3</p>   |   |                             |  |
| Paddock #  | Type of animal                            | # of animals                | Sq. ft. per head or animals per acre             |
|  |   |                             |  |
|  |   |                             |  |
|  |   |                             |  |
|  |   |                             |  |
|  |   |                             |  |
|  |   |                             |  |
| <p>30. What is your plan to deal with emergency shortages of feed?</p>   |   |                             |  |
| <p>31. Feed Ration</p>   |   |                             |  |
| Livestock  | Feed (i.e. hay, dairy ration, hog grower) | Average amounts animal/year | Source<br>Specify if it is not certified organic |
|  |   |                             |  |

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32. Do you process feed (grind, mix) on farm? Yes  No   
 If yes, is the equipment also used to process non-organic feed? Yes  No   
 If yes, how do ensure there is no contamination of organic feed from non-organic feed?

33. Planned Feed Supplements, Vitamins and Minerals

| Feed supplement or additive | Source | Label and ingredient list in records: Y or N | Reason for use |
|-----------------------------|--------|--|----------------|
|                             |        |  |                |
|                             |        |  |                |
|                             |        |  |                |
|                             |        |  |                |

34. Describe your feed storage locations

| Storage ID # | Feed | Type of storage | Capacity | Status of feed |
|--------------|------|-----------------|----------|----------------|
|              |      |                 |          |                |
|              |      |                 |          |                |
|              |      |                 |          |                |

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| <p>35. How do you control rodents in feed storage areas? Good sanitation <input type="checkbox"/> Cats <input type="checkbox"/> Dogs <input type="checkbox"/><br/>                 Metal storage containers <input type="checkbox"/> Rat-proofing buildings <input type="checkbox"/> Traps <input type="checkbox"/> Vitamin D-3* <input type="checkbox"/><br/>                 Not a problem <input type="checkbox"/><br/>                 Other:</p> |  |  |  |  |  |
| <b>WATER - COABC 3.1 and 8.1</b>  |  |  |  |  |  |
| <p>36. Sources of livestock drinking water: Drilled well <input type="checkbox"/> Shallow well <input type="checkbox"/> Pond/lake <input type="checkbox"/><br/>                 River/creek/spring <input type="checkbox"/> Ditch <input type="checkbox"/> Municipal <input type="checkbox"/><br/>                 Other:</p>   |  |  |  |  |  |
| <p>37. Do you add anything to livestock drinking water? Yes <input type="checkbox"/> No <input type="checkbox"/><br/>                 If yes, what material?</p>  |  |  |  |  |  |
| <p>38. Describe any water contamination problems in your area: No problems <input type="checkbox"/><br/>                 Other:</p>   |  |  |  |  |  |
| <p>39. If livestock have access to a river, creek, or pond, how do you prevent bank erosion?<br/>                 Allow only specific access points <input type="checkbox"/> Fenced access points <input type="checkbox"/> Gravelled stream crossing <input type="checkbox"/><br/>                 Other:</p>   |  |  |  |  |  |

**Section C Health Management - COABC sections 8.6, 8.7**

| 40. DISEASE AND PEST CONTROL PROGRAM - List the specific ailments and the planned treatment strategy. |                                   |   |  |
|---|-----------------------------------|---|--|
| Disease / Pest  | Specific Ailment, Past or Present | Planned Treatment Strategy for Organic production |  |
| Diarrhoea (Coccidiosis) (scours)  |                                   |   |  |
| External parasites  |                                   |   |  |

|  |  |  |  |
|--|--|--|--|
| Internal Parasites                                 |  |  |  |
| Eye problems (pink eye, cancer eye)                |  |  |  |
| Foot or hoof problems                              |  |  |  |
| Mastitis   |  |  |  |
| Mouth or tooth problems (sore mouth, broken teeth) |  |  |  |
| Poisoning or toxins (Botulism, plant toxicity)     |  |  |  |
| Reproductive disorders (abortion, infertility)     |  |  |  |
| Milk let-down problems                             |  |  |  |
| Respiratory diseases (pneumonia)                   |  |  |  |
| Skin problems (parasites, ringworm)                |  |  |  |
| Trauma (cuts, puncture wounds)                     |  |  |  |

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|--|--|--|--|
| Birthing problems  |  |  |  |
| Nutritional problems (fatty liver syndrome, milk fever, anaemia)       |  |  |  |
| Flies  |  |  |  |
| Predator problems (Dogs, foxes, coyotes, cougars, wolves bears, other) |  |  |  |
| Other:   |  |  |  |
| Other:   |  |  |  |
| Other:   |  |  |  |

|   |  |
|---|--|
| <p>41. Identify the major components of your Herd Health Management Plan:</p> <p>Selective breeding <input type="checkbox"/> Raise own replacement stock <input type="checkbox"/> Access to outdoors <input type="checkbox"/></p> <p>Isolation for purchased/diseased animals <input type="checkbox"/> Culling <input type="checkbox"/> Vaccinations <input type="checkbox"/> Good sanitation <input type="checkbox"/></p> <p>Dry bedding <input type="checkbox"/> Good ventilation in housing <input type="checkbox"/> Good quality feed <input type="checkbox"/> Pasture rotation <input type="checkbox"/></p> <p>Nutritional supplements <input type="checkbox"/> Probiotics <input type="checkbox"/> Parasiticides <input type="checkbox"/></p> <p>other:</p> |  |
| <p>42. What is your Parasite Management Program?</p> <p>Quarantine and faecal exams for all incoming stock <input type="checkbox"/></p> <p>Adequate pasture rotation and good pasture management <input type="checkbox"/></p> <p>Optimum stocking rates assessed to ensure maximal effect of treatment <input type="checkbox"/></p> <p>Periodic faecal exams and culling seriously infected individuals <input type="checkbox"/> Breeding for resistance <input type="checkbox"/></p> <p>Biological control ( if available) at susceptible stages of the life cycle <input type="checkbox"/></p> <p>Strategic use of parasiticides on breeding stock <input type="checkbox"/></p>   |  |

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| Other, specify:  |  |
| 43. List vaccinations (not listed in Disease and Pest Control Program) given or planned:   |  |
| 44. Are hormones used? Yes <input type="checkbox"/> No <input type="checkbox"/><br>If yes, list and state reasons for use.   |  |
| 45. Are vaccinations GMO-free? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>   |  |
| 46. For dairy producers - Do you take Somatic Cell Counts of your milking animals?<br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>If yes, have records of SCC's available for inspection by your VO. |  |
| 47. Provide name and telephone number of your veterinarian:  |  |

**SURGICAL PRACTICES - COABC section 8.8**

| 48. Describe the surgical practices you use. Not used <input type="checkbox"/> |                |                          |
|--|----------------|--------------------------|
| Practice   | Reason for use | Method and age of animal |
| Castration   |                |                          |
| Dehorning  |                |                          |
| Tail docking   |                |                          |
| Teeth clipping   |                |                          |
| Branding   |                |                          |
| Other:   |                |                          |

**Section D Manure and Waste Management - COABC sections 3.1, 3.9 and 8.3**

|   |  |
|---|--|
| 49. Manure system(s) currently being used: Solid <input type="checkbox"/> Semi-solid <input type="checkbox"/> Liquid <input type="checkbox"/><br>Fully composted <input type="checkbox"/><br>Other, specify:  |  |
| 50. If you compost manure, list any added ingredients: Straw <input type="checkbox"/> Shavings <input type="checkbox"/> Sawdust <input type="checkbox"/><br>Hog fuel <input type="checkbox"/> Hay <input type="checkbox"/><br>Other, specify:   |  |
| 51. How do you dispose of mortalities? Municipal dump <input type="checkbox"/> Bury on property <input type="checkbox"/><br>Compost <input type="checkbox"/> Feed to dogs <input type="checkbox"/><br>Other, specify:   |  |
| 52. Describe manure storage system: Pile <input type="checkbox"/> Covered? Yes <input type="checkbox"/> No <input type="checkbox"/><br>Lagoon <input type="checkbox"/> Covered? Yes <input type="checkbox"/> No <input type="checkbox"/><br>Pit <input type="checkbox"/> Covered? Yes <input type="checkbox"/> No <input type="checkbox"/><br>Other, specify: |  |
| 53. Are your manure storage facilities designed so that rain does not cause runoff, leaching,   |  |

|   |  |
|---|--|
| or other types of pollution? Yes <input type="checkbox"/> No <input type="checkbox"/> Not a problem in my climate <input type="checkbox"/><br>If no, how will you remedy the situation?   |  |
| 54. How many months of manure storage capacity do you have?   |  |
| 55. What do you do with the manure when you empty storage? (e.g. spread on land, compost, sell) Compost all of the manure <input type="checkbox"/> Compost part of the manure <input type="checkbox"/><br>spread on my own land <input type="checkbox"/> Spread on other peoples land <input type="checkbox"/> Sell composted manure <input type="checkbox"/><br>Sell manure <input type="checkbox"/><br>Other: |  |
| 56. During which months do you apply manure?<br>On what kind of cropland? (i.e. hay field, grass silage corn):  |  |
| 57. How many acres/hectares will you use for manure <input type="checkbox"/> or compost <input type="checkbox"/> application?<br><br>Is this landbase sufficient for manure produced on farm, according to Section 3.9 of the Certified Organic Management Standards? Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |
| 58. If you sell (or give away) compost or manure, what proportion of your yearly volume of manure leaves your farm?   |  |

### Section E Milk Handling - COABC section 8, 8.10

|   |  |
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| 59. What type of milk handling system do you use: Not a dairy operation <input type="checkbox"/><br>Pipeline <input type="checkbox"/> Automated <input type="checkbox"/> Step saver <input type="checkbox"/> Hand milking <input type="checkbox"/> Parlour <input type="checkbox"/> Tie stalls <input type="checkbox"/><br>Stanchions <input type="checkbox"/><br>Other, specify: |  |
| 60. Milk equipment cleaning procedure:<br>Detergent used:<br><br>Acid cleaner used:<br><br>Sanitiser used:<br><br>Water temperature:<br><br>Number of rinses: One <input type="checkbox"/> Two <input type="checkbox"/>   |  |
| 61. Describe procedure to clean animals before milking:   |  |
| 62. Name of (ingredient) udder wash (brand name):   |  |
| 63. Do you use a post-milking teat-dip? Yes <input type="checkbox"/> No <input type="checkbox"/><br>If yes, provide brand and ingredient name:  |  |
| 64. How often do you change inflations (teat-cups)?   |  |

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| Follow manufacturers recommendations <input type="checkbox"/><br>Other:   |  |
| 65. Do you belong to the Canadian Quality Milk Quality Assurance Program Yes <input type="checkbox"/> No <input type="checkbox"/>           |  |
| 66. How many animals do you currently milk?   |  |
| 67. Describe your procedures to ensure that milk from animals treated with antibiotics or other materials does not enter organic milk pool: |  |
| 68. Provide some production figures - Average litres/milking or other relevant data:  |  |

### Section F Slaughter & Transportation - COABC section 8.11

|   |  |
|---|--|
| 69. Do you plan to slaughter on-farm? Yes <input type="checkbox"/> No <input type="checkbox"/><br>If yes, do you plan to sell certified organic carcass (unprocessed) meat? Yes <input type="checkbox"/> No <input type="checkbox"/><br>If yes, contact your local health authority regarding on-farm slaughter regulations. Be prepared to prove to your CB that you comply with on-farm slaughter regulations as well as organic processing standards.  |  |
| 70. Do you plan to process (cut, prepare, and wrap) and sell your own certified organic meat on-farm? Yes <input type="checkbox"/> No <input type="checkbox"/><br>If yes, contact your local health authority to determine the regulations for on-farm meat processing. Be prepared to prove to your CB that you comply with meat processing regulations and organic processing standards.  |  |
| 71. Do you plan to ship animals to a slaughter facility? Yes <input type="checkbox"/> No <input type="checkbox"/><br>If yes, what facility?<br><br>Is this facility (check all that apply) Certified organic? <input type="checkbox"/> Federally inspected? <input type="checkbox"/><br>Provincially inspected? <input type="checkbox"/> Municipally inspected? <input type="checkbox"/><br>Other, specify:<br><br>Will slaughterhouse allow organic inspection? Yes <input type="checkbox"/> No <input type="checkbox"/> Haven't asked them <input type="checkbox"/> |  |
| 72. Do you plan to have meat processed at an independent facility? Yes <input type="checkbox"/> No <input type="checkbox"/><br>If yes, will you retain ownership of the processed meat? Yes <input type="checkbox"/> No <input type="checkbox"/><br>Is this facility certified organic? Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |
| 73. Will you be storing organic meat products? Yes <input type="checkbox"/> No <input type="checkbox"/><br>If yes, where? On-farm <input type="checkbox"/> Off-farm <input type="checkbox"/><br>If storing off-farm, request and complete an Independent Storage Facility Form from your CB.  |  |
| <b>TRANSPORTATION</b>   |  |
| 74. Are you able to load and transport animals in a humane manner?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/><br>List any concerns you may have regarding loading and transport:   |  |

|   |  |
|---|--|
| <p>75. Will you retain ownership of your animals during transport? Yes <input type="checkbox"/> No <input type="checkbox"/><br/>                 If yes, how will you ensure your animals are transported in a humane and organically secure manner?<br/>                 I transport them myself <input type="checkbox"/> Transport agreement with carrier <input type="checkbox"/><br/>                 Other:</p>  |  |
| <p>76. Duration of transport (loading to unloading):</p>  |  |
| <p>77. Are animals fed during transport? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/><br/>                 Are animals watered during transport? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/></p>   |  |
| <p>78. Where are animals kept at slaughter facility or auction mart?<br/>                 For how many hours?</p>   |  |
| <p>79. Have you arranged for organic feed in case organic animals have to be kept longer than 24 hours before slaughter? Yes <input type="checkbox"/> No <input type="checkbox"/></p>   |  |
| <p>80. Do you plan to transport organic milk or milk products off your farm? Yes <input type="checkbox"/> No <input type="checkbox"/><br/>                 If yes, who is responsible for transport?<br/>                 Myself <input type="checkbox"/> Milk processor <input type="checkbox"/> Distributor <input type="checkbox"/> Retailer <input type="checkbox"/><br/>                 Other:<br/> <br/>                 How will you prevent milk from becoming contaminated in the transportation process?<br/>                 I do not own product during transport <input type="checkbox"/> Cleaning units before loading <input type="checkbox"/><br/>                 Dedicated organic only <input type="checkbox"/> Inspection of units before loading <input type="checkbox"/> I deliver myself <input type="checkbox"/><br/>                 Transport Affidavit <input type="checkbox"/> Written agreement with carrier <input type="checkbox"/><br/>                 Other:</p> |  |
| <p>81. Will you be transporting processed organic meat? Yes <input type="checkbox"/> No <input type="checkbox"/><br/>                 If yes, how will you ensure the organic integrity of your product during transport?<br/>                 I do not own product during transport <input type="checkbox"/> Cleaning units before loading <input type="checkbox"/><br/>                 Dedicated organic only <input type="checkbox"/> Inspection of units before loading <input type="checkbox"/> I deliver myself <input type="checkbox"/><br/>                 Transport Affidavit <input type="checkbox"/> Written agreement with carrier <input type="checkbox"/><br/>                 Other:</p>   |  |

**Section G Record Keeping - COABC sections 2.6; plus 8.6.2, 8.7.2, 8.9.**

|   |  |
|---|--|
| <p>82. Do you retain purchase receipts for all stock? Yes <input type="checkbox"/> No <input type="checkbox"/></p>  |  |
| <p>83. Do you retain purchase receipts for all materials used in onsite forage production?<br/>                 Yes <input type="checkbox"/> No <input type="checkbox"/></p>  |  |
| <p>84. Do you maintain sales records for all products sold? Yes <input type="checkbox"/> No <input type="checkbox"/></p>  |  |
| <p>85. Do you maintain the following records:</p> <ul style="list-style-type: none"> <li>• Weight records of slaughter animals at slaughter? Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>• Medications administered (date, dosage, source and tag #)? Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>• For dairy, time milk is withdrawn after medication is given? Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>• What happens to milk that is withdrawn from the organic stream? Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>• Feed products bought and fed (date, quantity, source)? Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>• Vitamin, mineral and other supplements (dates, quantity, source)? Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>• Retain labels of all off farm feed and feed supplements used? Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>• Animal register Yes <input type="checkbox"/> No <input type="checkbox"/></li> </ul> |  |

|  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Complaint Form Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>• Year end inventories of animals and supplies Yes <input type="checkbox"/> No <input type="checkbox"/></li> </ul> <p>The verification officer will examine records for both organic and non-organic production.</p>   |  |
| <p>86. If you also raise stock which are non-organic and which are sold on the conventional market, do you separate the non-organic production records from the organic production records? Yes <input type="checkbox"/> No <input type="checkbox"/></p>   |  |
| <p>87. Attachments I am including with this document:</p> <p><input type="checkbox"/> Animal Handling Facility Map (s) number____</p> <p><input type="checkbox"/> Diagram(s) of interior layout of barns including dimensions Number_____</p> <p><input type="checkbox"/> Split Operation form</p> <p><input type="checkbox"/> Independent Storage form <input type="checkbox"/> Labels:</p> <p><input type="checkbox"/> Other management plans i.e. Crop, Processing, Poultry list:</p> |  |

### Section H Notes & Affirmation

**You will be required to submit an application that updates this plan each year. Keep a copy of this Organic Livestock Management Plan as a reference for future updates. This application is part of your farm records and must be kept with farm records.**

88. Use this area to add information that may provide assistance to the Certification Committee who will review your Farm Plan Update.

89.

I affirm that all statements made in this application are true and correct. No prohibited products have been applied to any of the organically managed pasture or barn areas since \_\_\_\_\_(date), nor to any animals I plan to sell as organic. I understand that my operation may be subject to unannounced inspection and/or sampling for residues at any time. I agree to follow COABC organic standards.

I agree to allow the VO and/or members of the Certification Committee and COABC Accreditation Board auditor access to all areas of my farm and to my records, including: inputs, production, processing, handling sales, and products purchased for resale, from both organic and non-organic production.

I understand that acceptance of this document in no way implies granting of certification by the Kootenay Organic Growers Society. I agree to provide further information as required by the Kootenay Organic Growers Society. I have read, understood, and agree to comply with the Kootenay Organic Growers Society constitution, bylaws and Production Standards. I understand that any wilful misrepresentation could lead to de-certification.

I understand that this completed document is confidential information according to the policies of the BC Certified Organic Program. Membership and certification status is public information.

Signed

(print name)

Date

90. VO notes and summary

**91. VERIFICATION OFFICER AFFIRMATION**

All information in this report is accurate to the best of my knowledge and is based on my observations, review of documents and operator interview. All compliance assessments are made in reference to the COABC organic management standards and policies of Kootenay Organic Growers Society

Information contained in this report is confidential between the Verification Officer, the inspected party, and the certification body. This report does not constitute certification or consultation, nor should it be used for promotional purposes.

Signed

Print Name

Date:

List of attachments: